

NOTICE OF INDEPENDENT REVIEW DECISION

May 29, 2003

RE: MDR Tracking #: M2-03-0934-01-SS
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ____ when he was climbing out of a pipe-rack, slipped, and caught his left arm. He was noted to have diminished motor function in the left hand but sensation was intact. He underwent numerous surgeries over the years including left carpal tunnel release and bilateral rotator cuff repairs. His most recent cervical myelogram with CT revealed moderate central herniation at C5-6 with moderate impingement on the anterior thecal sac.

Requested Service(s)

Anterior cervical discectomy and fusion at C5-C6

Decision

It is determined that the anterior cervical discectomy and fusion at C5-C6 is not medically necessary to treat this patient's medical condition.

Rationale/Basis for Decision

Based on the medical records submitted, there is no rationale to justify an anterior cervical discectomy and fusion at C5-C6. There is nothing noted that relates this patient's current clinical circumstances to the injury of _____. The patient's only complaints are of pain. There are no documented neurological findings to suggest compressive neuropathy justifying decompression. There are no findings in the medical record that indicate instability (no flexion or extension x-rays) to suggest that symptoms would be improved by achieving fusion. There was lack of notation regarding a trial of a cervical collar, anti-inflammatory medication, physical therapy, or other forms of conservative management. Therefore, an anterior cervical discectomy and fusion at C5-C6 is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 29th day of May 2003.